

LETTERS TO THE EDITOR

The ethics of boxing

EDITOR,—I read the article on sport medicine and the ethics of boxing¹ with disappointment this month. It rehearsed arguments that are already familiar to sports physicians faced with difficult decisions about how to approach boxing, without taking things further on. In addition, there are medical, social, and ethical points that are not fully addressed in the article.

Medically, epidemiological studies have established that there are a number of popular sports in which the injury and mortality statistics are greater than in boxing. A ban or boycott in rugby, equestrianism, or formula one car racing has not been contemplated by the medical profession.

Socially, the background of most doctors ensures that, unlike some other high risk sports, the cultural significance of boxing in some parts of our society is extremely poorly understood. Boxing represents a relatively safe and desirable alternative to other possible activities for some young people, and it is often the continuation of a family heritage.

Ethically, one cannot separate the desire of boxers to succeed from the financial and social encouragement that is widely offered to those at the top level by people with money and influence. These individuals, and not the boxers, are the ones who should be targeted by those who want to change the status quo.

Personally, the boxers with whom I have been privileged to work have been among the most honest, friendly, and unassuming of the athletes I have encountered. They have a strong tradition of self discipline and decency that puts some other sports, and sometimes the politics of their own sport, to shame.

I do not believe that any sports physician can approach boxing feeling totally at ease with the ethics of their position, but a practical, sensitive, and informed debate is what I, for one, would really appreciate.

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1 Leclerc S, Herrera CD. Sport medicine and the ethics of boxing. *Br J Sports Med*. 1999;33:426-9.

Author's reply

This letter was shown to the authors, who reply as follows:

Dr Cowie alleges that we simply "rehearse" familiar arguments about boxing. In fact, boxing attracts scant attention in the literature, beyond proposals that would ban it outright or take a complete "hands off" approach. Interestingly, Cowie attributes a position on banning boxing to us, despite our statement that "we... offer only qualified support for these efforts".

As we argue, the case for boxing is weak. However, we advocate a position that continually accommodates new evidence, including clinical, sociological, and psychological data on why athletes box; the risks they assume; and the factors that shape the perception of this sport.

Cowie remarks that physicians tend to misunderstand "the cultural significance" that boxing has "in some parts of our society". This is hard to argue against, if only because perfect

empathy with patients rarely occurs in the clinical encounter.¹ The key seems to lie in what one makes of this potential for misunderstanding. For her part, Cowie claims that boxing is a "relatively safe and desirable alternative to other possible activities". This strikes us as vague, bordering on evasive.

Desirable, or relatively safe, compared to what?

As one researcher warns, "it is hard to think of a sporting practice that has been so thoroughly mythologised and so little researched by social scientists".² The prevalent belief, glamorised by Hollywood, that boxing is for many a ticket out of the ghetto, lacks empirical support, and there is room to question the moral relevance that this portrayal would have anyway. First, some evidence shows that even boxers intent on turning pro come mainly from the working classes. Secondly, if criticism would deny such boxers a shot at a promising future, we wonder what was so promising about it in the first place. And if boxers have few "safe and desirable alternative[s]", criticism of boxing is less a threat to the boxer than the threat of injustice, that of having to choose between the risks in boxing and those associated with, say, crime and poverty.³ Boxers who feel compelled to box suffer diminished autonomy long before they feel the effects of our commentary. The economic inequities that Cowie mentions, between the athletes and their handlers, only compound this injustice.

Finally, Cowie accuses us of overlooking the risks in "rugby, equestrianism", and motor racing. Admittedly, these sports give rise to injustice, exploitation, and excessive health risks. There is also the possibility of destructive violence in contact sports like boxing and hockey.⁴ We grant that many sports deserve increased moral and medical scrutiny, as does the possible link between high risk sport and aggressive, violent behaviour in ordinary interaction.⁵ Yet this hardly means that our interest in boxing is misplaced. One can analyse a few aspects of boxing while also welcoming broader dialogue regarding sports and the physician's obligations.

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- 1 Zaner RM. *Ethics and the clinical encounter*. Englewood Cliffs, NJ: Prentice Hall, 1988.
- 2 Wacquant LJ. The social logic of boxing in black Chicago: toward a sociology of pugilism. *Sociology of Sport Journal* 1992;9:221-54.
- 3 Simon RL. *Fair play: sports, values, & society*. Boulder, CO: Westview Press, 1991.
- 4 Bloom GA, Smith MD. Hockey violence: a test of cultural spillover theory. *Sociology of Sport Journal* 1996;13:65-77.
- 5 Fitzpatrick KM. Fighting among America's youth: a risk and protective factors approach. *J Health Soc Behav* 1997;38:131-48.

BOOK REVIEWS

Sports medicine handbook. Eds R Hackney, A Wallace. (Pp 512; £75.00.) BMA House, Tavistock Square, London WC1H 9JR: BMJ Books, 1999. ISBN 0-7279-1031-0.

Having recently taken up the post as medical officer to a 2nd division football club, I was pleased to have a chance to read and review

this book, hoping it would plug the not inconsiderable gaps in my knowledge. It covers almost the whole spectrum of sports medicine, from training, stretching, and drugs, through the management of injuries in both adults and the young athlete, with chapters on orthoses, braces, taping techniques, and the principles of rehabilitation.

The chapter authors are, with two exceptions, from British posts and give each chapter a slightly different flavour, which I found refreshing. Generally the text is well laid out with bullet points and boxes containing "take home messages". The coloured diagrams are clear and informative and the many colour photographs are excellent. The actual page size is relatively small, however, and although it will fit in your kitbag, one downside of this is that many of the x ray pictures and scans are too small to see what is going on, even with the caption as a clue!

I found it a most informative book, exploring the subject in considerable detail. The sections on injuries were excellent, dealing with the relevant anatomy and history, with good descriptions of the examination techniques involved and management.

I was a little disappointed with the head and neck injury chapter. At the end of it, I still felt unhappy about giving advice on return to contact sport after concussion and would have liked to have seen more practical details on assessment included along the lines of the American Academy of Neurology report of 1997. This is perhaps a small grumble. The preface suggests that the book is suitable for coaches, physiotherapists, and doctors; it has certainly achieved its aim.

Analysis

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| Presentation | 11/20 |
| Comprehensiveness | 18/20 |
| Readability | 18/20 |
| Relevance | 18/20 |
| Evidence basis | 13/20 |
| Total | 78/100 |

DESMOND THOMPSON

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Lecture notes on human physiology. J J Bray, P A Cragg, A D C Macknight, R G Mills. (Pp 610; £19.95.) Oxford: Blackwell Science Ltd, 1999. ISBN 0-86542-775-5. All books are available from Blackwell Science Ltd, Osney Mead, Oxford OX2 0EL. Tel: 01865 206206, Fax: 01865 721205.

My immediate impressions when opening this text were that it is comprehensively written but at the same time may appear daunting, especially to undergraduate students. However, on reading the text, it becomes readily apparent that the subject matter is well described in a digestible manner. The flow of the text is aided by the fact that no references are included in the text. A list of relevant references at the end of each chapter would, however, have been useful for the reader to gain further insight into areas of interest. The numerous diagrams intersperse the text well and are relevant, but the text drastically required colour to make the read more interesting and, most importantly, eye-catching. It was, at times, like watching a 1950s black and white film. The chapters themselves were well subheaded and divided into manageable sections. I found the text a little small in places, even with my glasses on, and felt that the contents page was not informative enough. The abbreviations at the start of each